

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TELL IT LIKE IT IS PAC

ADDRESS (number and street)

3804 WILSON BLVD

#1355

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00841593

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

GELTRUDE, DAN, , ,

Signature of Treasurer

GELTRUDE, DAN, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

TELL IT LIKE IT IS PAC

Report Covering the Period:

From:

MM / DD / YYYY
05 / 30 / 2023

To:

MM / DD / YYYY
06 / 30 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5886420.58"/>	<input type="text" value="5886420.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5886420.58"/>	<input type="text" value="5886420.58"/>
7. Total Disbursements (from Line 31)	<input type="text" value="427535.21"/>	<input type="text" value="427535.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="5458885.37"/>	<input type="text" value="5458885.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="10022.24"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

TELL IT LIKE IT IS PAC

Report Covering the Period: From:

M M / D D / Y Y Y Y Y
05 30 2023

To:

M M / D D / Y Y Y Y Y
06 30 2023**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5316230.58

5316230.58

(ii) Unitemized

190.00

190.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5316420.58

5316420.58

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

550000.00

550000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

5866420.58

5866420.58

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

20000.00

20000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

5886420.58

5886420.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

5886420.58

5886420.58

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	117767.57	117767.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	117767.57	117767.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	309767.64	309767.64
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	427535.21	427535.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	427535.21	427535.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5866420.58	5866420.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5866420.58	5866420.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	117767.57	117767.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	117767.57	117767.57

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAKER, RICHARD, J., ,

Mailing Address 570 NAVESINK RIVER RD

City
RED BANKState
NJZip Code
07701-6348FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAKER SHOPRITES INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2023

Transaction ID : SA11A.128207

Amount of Each Receipt this Period

500000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRUCKENMILLER, STANLEY, FREEMAN, ,

Mailing Address 40 WEST 57TH STREET

City
NEW YORKState
NYZip Code
10019-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DUQUESNE FAMILY OFFICE LLCOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2023

Transaction ID : SA11A.128208

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORMANDY FW, LLC

Mailing Address 53 MAPLE AVE

City
MORRISTOWNState
NJZip Code
07960-5219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2023

Transaction ID : SA11A.128226

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WENTWORTH, FINN, , ,

Mailing Address 53 MAPLE AVE

City
MORRISTOWNState
NJZip Code
07960-5219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORMANDY FW, LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2023

Transaction ID : SA11A.135609

Amount of Each Receipt this Period

100000.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HORTON, JOHN, , ,

Mailing Address 4106 NE 242ND AVE

City
VANCOUVERState
WAZip Code
98682-9638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITIZENLY, INC.Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2023

Transaction ID : SA11A.128209

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIDO RETAIL LLCMailing Address 21 EAST 66TH STREET
10TH FLOORCity
NEW YORKState
NYZip Code
10065-5853FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2023

Transaction ID : SA11A.128227

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OLIVER, DOUGLAS, , ,Mailing Address 21 EAST 66TH STREET
10TH FLOORCity
NEW YORKState
NYZip Code
10065-5853FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2023

Transaction ID : SA11A.135618

Amount of Each Receipt this Period

100000.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ASNESS, CLIFF, , ,

Mailing Address 730 THIRD AVE FL 11

City
NEW YORKState
NYZip Code
10017-3216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AQROccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11A.128211

Amount of Each Receipt this Period

250000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEROT, HENRY, ROSS, , JR

Mailing Address 3000 TURTLE CREEK BLVD

City
DALLASState
TXZip Code
75219-6268FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HILLWOODOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11A.128236

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

350000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TEPPER, DAVID, A., ,

Mailing Address 905 N OCEAN BLVD

City
PALM BEACHState
FLZip Code
33480-3325FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEPPER SPORTSOccupation (for Individual)
TEAM OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2023

Transaction ID : SA11A.128210

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLUE, HAROLD, , ,

Mailing Address 3951 S OCEAN DR UNIT 1601

City
HOLLYWOODState
FLZip Code
33019-3052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BELHEALTH INVESTMENT PARTNERS LLCOccupation (for Individual)
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2023

Transaction ID : SA11A.128213

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEPHENS, WARREN, , ,

Mailing Address 111 CENTER ST STE 100

City
LITTLE ROCKState
ARZip Code
72201-4451FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STEPHENS, INCOccupation (for Individual)
CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2023

Transaction ID : SA11A.128212

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BRAMNICK RODRIGUEZ GRABAS ARNOLD & MANGAN LLC			Date of Receipt MM / DD / YYYY 06 / 08 / 2023 Transaction ID : SA11A.128228	
Mailing Address 1827 EAST SECOND ST			Amount of Each Receipt this Period 10000.00	
City SCOTCH PLAINS	State NJ	Zip Code 07076-1735	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 10000.00		
Name of Employer (for Individual)		Occupation (for Individual)		SEE ATTRIBUTION BELOW
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRAMNICK, JON, , ,			Date of Receipt MM / DD / YYYY 06 / 08 / 2023 Transaction ID : SA11A.135620	
Mailing Address 14 KIMBALL CIRCLE			Amount of Each Receipt this Period 10000.00	
City WESTFIELD	State NJ	Zip Code 07090-1809	<input checked="" type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 10000.00		
Name of Employer (for Individual) BRAMNICK RODRIGUEZ GRABAS ARNOLD & MAN		Occupation (for Individual) ATTORNEY		PARTNERSHIP ATTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BUCKLEY, WALTER, W., , JR			Date of Receipt MM / DD / YYYY 06 / 09 / 2023 Transaction ID : SA11A.128214	
Mailing Address 11450 TURTLE BEACH RD			Amount of Each Receipt this Period 500000.00	
City NORTH PALM BEACH	State FL	Zip Code 33408-3343	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500000.00		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			510000.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARROW 1999 TRUST

Mailing Address 872 WASHINGTON ST FL 3

City
NEW YORK

State
NY

Zip Code
10014-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46700.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2023

Transaction ID : SA11A.128237

Amount of Each Receipt this Period

46700.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DILLER, BARRY, , ,

Mailing Address 555 W 18TH ST

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

IAC AND EXPEDIA

CHAIRMAN AND SENIOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46700.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2023

Transaction ID : SA11A.135616

Amount of Each Receipt this Period

46700.00

☒ Memo Item

CONTRIBUTION

TRUST ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRE PROPERTY MANAGEMENT CO., LLC

Mailing Address 4 VISTA TERRACE

City
LIVINGSTON

State
NJ

Zip Code
07039-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2023

Transaction ID : SA11A.128229

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

56700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUSHNER, MURRAY, , ,

Mailing Address PO BOX 6872

City
BRIDGEWATERState
NJZip Code
08807-0872FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KRE PROPERTY MANAGEMENT CO., LLCOccupation (for Individual)
DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2023

Transaction ID : SA11A.135621

Amount of Each Receipt this Period

10000.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNICAN, PATRICK, C., , JR

Mailing Address 275 W RIDGEWOOD AVE

City
RIDGEWOODState
NJZip Code
07450-3614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GIBBONS P.C.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2023

Transaction ID : SA11A.128215

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ERISTOFF, ANDREW, SIDAMON, ,

Mailing Address 37 HODGE RD

City
PRINCETONState
NJZip Code
08540-3011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2023

Transaction ID : SA11A.128216

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 41
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARQUELL, PHILLIP, , ,

Mailing Address 8333 CLINTON PARK DR

City
FORT WAYNE

State
IN

Zip Code
46825-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROSEMA CORPORATION

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2023

Transaction ID : SA11A.128190

Amount of Each Receipt this Period

20000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSAKOPOULOS, SOFIA, , ,

Mailing Address 7019 FOLSOM BLVD

City
SACRAMENTO

State
CA

Zip Code
95826-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10330.58

Date of Receipt

MM / DD / YYYY
06 / 13 / 2023

Transaction ID : SA11A.128189

Amount of Each Receipt this Period

10330.58

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THE KAMSON CORPORATION

Mailing Address 270 SYLVAN AVE

City
ENGLEWOOD CLIFFS

State
NJ

Zip Code
07632-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2023

Transaction ID : SA11A.128238

Amount of Each Receipt this Period

250000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280330.58

X	11a		11b		11c		12		
	13		14		15		16		17

TELL IT LIKE IT IS PAC

75000.00

CONTRIBUTION

Diagram of a 1D lattice with 10 sites. The 8th site from the left is occupied by a particle, and the 9th site is labeled with the value 25000.00.

CONTRIBUTION

150000.00

CONTRIBUTION

[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROW, HARLAN, R., ,

Mailing Address 3819 MAPLE AVE

City
DALLASState
TXZip Code
75219-3913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CROW HOLDINGSOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2023

Transaction ID : SA11A.128219

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, ALFRED, C., ,

Mailing Address 210 KAWAMA LANE

City
PALM BEACHState
FLZip Code
33480-3615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABERDEEN, INC.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2023

Transaction ID : SA11A.128241

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SKYBRIDGE CAPITAL II, LLC

Mailing Address 527 MADISON AVE 4TH FL

City
NEW YORKState
NYZip Code
10022-4374FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2023

Transaction ID : SA11A.128230

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCARAMUCCI, ANTHONY, , ,Mailing Address 527 MADISON AVENUE
FLOOR 16City
NEW YORKState
NYZip Code
10022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SKYBRIDGE CAPITAL II, LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2023

Transaction ID : SA11A.135622

Amount of Each Receipt this Period

100000.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERRO, DAVID, , ,

Mailing Address 1000 S POINTE DR

City
MIAMI BEACHState
FLZip Code
33139-7319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HALPOccupation (for Individual)
INV MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2023

Transaction ID : SA11A.128203

Amount of Each Receipt this Period

15000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARINO TORTORELLA AND BOYLE PC

Mailing Address 1 NEWARK CTR STE 1600

City
NEWARKState
NJZip Code
07102-5235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2023

Transaction ID : SA11A.128231

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TERMINAL HOLDINGS LP

Mailing Address 101 SOUTH KING ST

City
GLOUCESTER CITYState
NJZip Code
08030-1947FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2023

Transaction ID : SA11A.128232

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLT, LEO, , ,

Mailing Address 500 WALNUT STREET

City
PHILADELPHIAState
PAZip Code
19106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

TERMINAL HOLDINGS LP

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33333.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2023

Transaction ID : SA11A.136105

Amount of Each Receipt this Period

33333.33

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLT, MICHAEL , , ,

Mailing Address 1321 SADDLEBROOK LANE

City
HUNTINGTON VALLEYState
PAZip Code
19006-3700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

TERMINAL HOLDINGS LP

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

33333.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2023

Transaction ID : SA11A.136106

Amount of Each Receipt this Period

33333.33

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

100000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLT, TOM, , , JR

Mailing Address 11614 LAKE HOUSE COURT

City
NORTH PALM BEACHState
FLZip Code
33408-3318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TERMINAL HOLDINGS LPOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33333.34

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2023

Transaction ID : SA11A.136104

Amount of Each Receipt this Period

33333.34

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROCKWAY, PETER, , ,

Mailing Address 443 ROYAL PALM WAY

City
BOCA RATONState
FLZip Code
33432-7945FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BROCKWAY MORAN PARTNERSOccupation (for Individual)
FINANCIAL EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2023

Transaction ID : SA11A.128205

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOVNER, BRUCE, , ,

Mailing Address 295 S BEACH RD

City
HOBE SOUNDState
FLZip Code
33455-2604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAM CAPITALOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2023

Transaction ID : SA11A.128220

Amount of Each Receipt this Period

250000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

252500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACLEAN-FOGG COMPANY

Mailing Address 1000 ALLANSON RD

City
MUNDELEINState
ILZip Code
60060-3804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2023

Transaction ID : SA11A.128233

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEFANOWSKI, AMY, K., ,

Mailing Address 1046 BOSTON POST RD

City
MADISONState
CTZip Code
06443-3336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
HOME REMODELER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2023

Transaction ID : SA11A.128221

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PUBLIC SERVICES ENTERPRISE GROUP

Mailing Address 80 PARK PLACE, T4

City
NEWARKState
NJZip Code
07102-4109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2023

Transaction ID : SA11A.128239

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUTLER, GREG, , ,

Mailing Address 12 OLD COUNTRY RD

City
WOODBIDGEState
CTZip Code
06525-1600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVERSOURCE ENERGYOccupation (for Individual)
EVP GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2023

Transaction ID : SA11A.128206

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FULLER, THOMAS, M., ,

Mailing Address 215 SOUTH AVE EAST

City
WESTFIELDState
NJZip Code
07090-1456FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2023

Transaction ID : SA11A.128223

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALATUCCI, WILLIAM, , ,

Mailing Address FOUR GATEWAY CENTER, 100 MULBERRY

City
NEWARKState
NJZip Code
07102-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCARTER & ENGLISH LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2023

Transaction ID : SA11A.128222

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

85000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 41
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STACHENFELD, BRUCE, M., ,

Mailing Address 29 ROLLING HILL DR

City
CHATHAMState
NJZip Code
07928-1609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADLER & STACHENFELD LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2023

Transaction ID : SA11A.128224

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YASS, JEFF, , ,

Mailing Address 401 E CITY AVE STE 220

City
BALA CYNWYDState
PAZip Code
19004-1117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIGOccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2023

Transaction ID : SA11A.128225

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLUE STAR INVESTMENTS, INC.

Mailing Address ONE COWBOYS WAY

City
FRISCOState
TXZip Code
75034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2023

Transaction ID : SA11A.128240

Amount of Each Receipt this Period

1000000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 41
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. COLLET & ASSOCIATES, LLC			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2023</div> </div>
Mailing Address 4151 N MULBERRY DR STE 245			Transaction ID : SA11A.128234
City KANSAS CITY	State MO	Zip Code 64116-4600	Amount of Each Receipt this Period <div> <div>Amount</div> <div>6700.00</div> </div>
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION	
Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>6700.00</div> </div>		SEE ATTRIBUTION BELOW	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. COLLET, BILL, , ,			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2023</div> </div>
Mailing Address 4151 N MULBERRY DR STE 245			Transaction ID : SA11A.136107
City KANSAS CITY	State MO	Zip Code 64116-4600	Amount of Each Receipt this Period <div> <div>Amount</div> <div>6700.00</div> </div>
FEC ID number of contributing federal political committee. C		Memo Item <input checked="" type="checkbox"/>	
Name of Employer (for Individual) COLLET & ASSOCIATES, LLC		Occupation (for Individual) PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION	
Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>6700.00</div> </div>		PARTNERSHIP ATTRIBUTION	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt <div> <div>MM / DD / YYYY</div> <div></div> </div>
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period <div> <div>Amount</div> <div></div> </div>
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div></div> </div>			

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6700.00

5316230.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 41
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WORKING FOR WORKING AMERICANS

Mailing Address 101 CONSTITUTION AVE NW 10 FL

City
WASHINGTONState
DCZip Code
20001-2153FEC ID number of contributing
federal political committee.

C C00490847

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 23 / 2023

Transaction ID : SA11C.128242

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEFENDING DEMOCRACY TOGETHER

Mailing Address 925 15TH ST NW FL 5

City
WASHINGTONState
DCZip Code
20005-2303FEC ID number of contributing
federal political committee.

C C90019316

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2023

Transaction ID : SA11C.128243

Amount of Each Receipt this Period

500000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

550000.00

TOTAL This Period (last page this line number only)..... ►

550000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 41

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOCAL 102 PAC

Mailing Address 50 PARSIPPANY RD

City
PARSIPPANYState
NJZip Code
07054-2740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2023

Transaction ID : SA11C.128235

Amount of Each Receipt this Period

20000.00

☐ Memo Item

NONFEDERAL CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20000.00

20000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name (Last, First, Middle Initial)

A. STRATEGIC PARTNERS & MEDIA, LLC

Mailing Address 1851A MCGUCKIAN STREET

City
ANNAPOLISState
MDZip Code
21401Purpose of Disbursement
PREPAID MEDIA PRODUCTION

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BLVD STE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15

Amount of Each Disbursement this Period

970.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BLVD STE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

806.82

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4777.48

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name (Last, First, Middle Initial)

A. HARBOR COMPLIANCE SERVICES

Mailing Address 1104 WEST BROAD STREET #1133

City
FALLS CHURCHState
VAZip Code
22046Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.10

Amount of Each Disbursement this Period

3892.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CBC STRATEGIES, LLC

Mailing Address 5196 AFTON WAY

City
SMYRNAState
GAZip Code
30080Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	9		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.01

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRATEGIC PARTNERS & MEDIA, LLC

Mailing Address 1851A MCGUCKIAN STREET

City
ANNAPOLISState
MDZip Code
21401Purpose of Disbursement
COMMUNICATIONS CONSULTING / DIGITAL MEDIA CONSULTING /

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

24500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

53392.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

Full Name (Last, First, Middle Initial)

A. STRATEGIC PARTNERS & MEDIA, LLC

Mailing Address 1851A MCGUCKIAN STREET

City
ANNAPOLISState
MDZip Code
21401Purpose of Disbursement
COMMUNICATIONS CONSULTING / DATA SUBSCRIPTION SERVICES /

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2			2	0	3		

FEC Identification Number

C

Transaction ID : SB21B.14

Amount of Each Disbursement this Period

56050.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BLVD STE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2			2	0	3		

FEC Identification Number

C

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

480.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PURPURO, LAWRENCE, J, ,

Mailing Address 503 SUMMERS COURT

City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	3		

FEC Identification Number

C

Transaction ID : SB21B.22

Amount of Each Disbursement this Period

2675.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

59205.00

117374.98

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 OF 41

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

POLITICOIN

Nature of Debt (Purpose):

SMS MESSAGING

Mailing Address PO BOX 532

City
MOUNT FREEDOMState
NJZip Code
07970

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.1

Amount Incurred This Period

912.08

Payment This Period

0.00

Outstanding Balance at Close of This Period

912.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

POLITICOIN

Nature of Debt (Purpose):

SMS MESSAGING

Mailing Address PO BOX 532

City
MOUNT FREEDOMState
NJZip Code
07970

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.2

Amount Incurred This Period

896.63

Payment This Period

0.00

Outstanding Balance at Close of This Period

896.63

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

POLITICOIN

Nature of Debt (Purpose):

SMS MESSAGING

Mailing Address PO BOX 532

City
MOUNT FREEDOMState
NJZip Code
07970

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.3

Amount Incurred This Period

883.79

Payment This Period

0.00

Outstanding Balance at Close of This Period

883.79

1) **SUBTOTALS** This Period This Page (optional)..... ►

2692.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 OF 41

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

POLITICOIN

Nature of Debt (Purpose):

SMS MESSAGING

Mailing Address PO BOX 532

City
MOUNT FREEDOMState
NJZip Code
07970

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4

Amount Incurred This Period

1404.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

1404.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

POLITICOIN

Nature of Debt (Purpose):

SMS MESSAGING

Mailing Address PO BOX 532

City
MOUNT FREEDOMState
NJZip Code
07970

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5

Amount Incurred This Period

1011.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

1011.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

POLITICOIN

Nature of Debt (Purpose):

SMS MESSAGING

Mailing Address PO BOX 532

City
MOUNT FREEDOMState
NJZip Code
07970

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6

Amount Incurred This Period

1432.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

1432.57

1) **SUBTOTALS** This Period This Page (optional)..... ►

3849.44

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 OF 41

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

TELL IT LIKE IT IS PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

POLITICOIN

Nature of Debt (Purpose):

SMS MESSAGING

Mailing Address PO BOX 532

City

MOUNT FREEDOM

State

NJ

Zip Code

07970

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7

Amount Incurred This Period

980.30

Payment This Period

0.00

Outstanding Balance at Close of This Period

980.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STRATEGIC PARTNERS & MEDIA, LLC

Nature of Debt (Purpose):

MEDIA PRODUCTION

Mailing Address 1851A MCGUCKIAN STREET

City

ANNAPOLIS

State

MD

Zip Code

21401

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.8

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

3480.30

2) TOTALS This Period (last page this line number only)..... ►

10022.24

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

10022.24

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee POLITICOIN <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 06 / 2023</div>		
Mailing Address PO BOX 532			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55138.47</div>		
City MOUNT FREEDOM		State NJ	Zip Code 07970		Transaction ID : SE.1
Purpose of Expenditure SMS MESSAGING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 06 / 2023</div>
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">55138.47</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee POLITICOIN <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 06 / 2023</div>		
Mailing Address PO BOX 532			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52909.17</div>		
City MOUNT FREEDOM		State NJ	Zip Code 07970		Transaction ID : SE.2
Purpose of Expenditure SMS MESSAGING / EMAILS			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 08 / 2023</div>
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">108047.64</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">108047.64</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>GELTRUDE, DAN, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 31 / 2023</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33500.00</div>	
Mailing Address 1851A MCGUCKIAN STREET		Transaction ID : SE.3 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT		Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">141547.64</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">39500.00</div>	
Mailing Address 1851A MCGUCKIAN STREET		Transaction ID : SE.4 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT		Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">39500.00</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">73000.00</div>			
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
(c) TOTAL Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature GELTRUDE, DAN, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee RED RIGHT MEDIA <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 11 / 2023	
Mailing Address PO BOX 2274		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3360.00</div>	
City ARLINGTON	State VA	Zip Code 22202	Transaction ID : SE.5 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 08 / 2023
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 11 / 2023	
Mailing Address 1851A MCGUCKIAN STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.6 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 13 / 2023
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">23360.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature GELTRUDE, DAN, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
Mailing Address 1851A MCGUCKIAN STREET		Transaction ID : SE.7 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT / SMS MESSAGING		Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">156547.64</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
Mailing Address 1851A MCGUCKIAN STREET		Transaction ID : SE.8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Purpose of Expenditure MEDIA PLACEMENT		Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">168356.35</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature GELTRUDE, DAN, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 35 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>	
Mailing Address 1851A MCGUCKIAN STREET		Transaction ID : SE.9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Purpose of Expenditure MEDIA PLACEMENT / SMS MESSAGING		Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">189240.14</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee RED RIGHT MEDIA <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3360.00</div>	
Mailing Address PO BOX 2274		Transaction ID : SE.10 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
City ARLINGTON	State VA	Zip Code 22202	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Purpose of Expenditure MEDIA PLACEMENT		Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">66220.00</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">23360.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>GELTRUDE, DAN, , ,</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 36 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 18 / 2023	
Mailing Address 1851A MCGUCKIAN STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22500.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.11 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 16 / 2023
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">88720.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 22 / 2023	
Mailing Address 1851A MCGUCKIAN STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6000.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.12 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 22 / 2023
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">94720.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">28500.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>GELTRUDE, DAN, , ,</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2023	

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Mailing Address 1851A MCGUCKIAN STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6000.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.13 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Purpose of Expenditure MEDIA PRODUCTION / MEDIA PLACEMENT		Category/ Type		
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6000.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 25 / 2023	
Mailing Address 1851A MCGUCKIAN STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22500.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.14 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 22 / 2023	
Purpose of Expenditure MEDIA PLACEMENT / SMS MESSAGING		Category/ Type		
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">213145.11</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">28500.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature GELTRUDE, DAN, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee POLITICOIN <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 14 / 2023		
Mailing Address PO BOX 532			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">912.08</div>		
City MOUNT FREEDOM		State NJ	Zip Code 07970		Transaction ID : SE.15
Purpose of Expenditure SMS MESSAGING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 14 / 2023
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">157459.72</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee POLITICOIN <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 16 / 2023		
Mailing Address PO BOX 532			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">896.63</div>		
City MOUNT FREEDOM		State NJ	Zip Code 07970		Transaction ID : SE.16
Purpose of Expenditure SMS MESSAGING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 16 / 2023
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">158356.35</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>GELTRUDE, DAN, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee POLITICOIN			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 17 / 2023	
Mailing Address PO BOX 532				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">883.79</div>	
City MOUNT FREEDOM		State NJ	Zip Code 07970	Transaction ID : SE.17 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 17 / 2023	
Purpose of Expenditure SMS MESSAGING		Category/ Type			
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">169240.14</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee POLITICOIN			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 23 / 2023	
Mailing Address PO BOX 532				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1404.97</div>	
City MOUNT FREEDOM		State NJ	Zip Code 07970	Transaction ID : SE.18 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 23 / 2023	
Purpose of Expenditure SMS MESSAGING		Category/ Type			
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">190645.11</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>GELTRUDE, DAN, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2023	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee POLITICOIN <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 27 / 2023		
Mailing Address PO BOX 532		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1011.90</div>		
City MOUNT FREEDOM	State NJ	Zip Code 07970	Transaction ID : SE.19 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 27 / 2023	
Purpose of Expenditure SMS MESSAGING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">214157.01</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee POLITICOIN <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 28 / 2023		
Mailing Address PO BOX 532		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1432.57</div>		
City MOUNT FREEDOM	State NJ	Zip Code 07970	Transaction ID : SE.20 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 28 / 2023	
Purpose of Expenditure SMS MESSAGING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">218089.58</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
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Signature <u>GELTRUDE, DAN, , ,</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2023		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 41 OF 41
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TELL IT LIKE IT IS PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00841593</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee POLITICOIN <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 30 / 2023	
Mailing Address PO BOX 532			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">980.30</div>	
City MOUNT FREEDOM	State NJ	Zip Code 07970	Transaction ID : SE.21 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 30 / 2023	
Purpose of Expenditure SMS MESSAGING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">219069.88</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee STRATEGIC PARTNERS & MEDIA, LLC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 27 / 2023	
Mailing Address 1851A MCGUCKIAN STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.22 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 27 / 2023	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: CHRISTIE, CHRISTOPHER, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">216657.01</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">309767.64</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GELTRUDE, DAN, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 07 / 31 / 2023	